Exhibit II

COUNTY OF ORANGE REQUEST FOR CHECK				CLAIM OF:							
				PAYEE'S NAME, DEPT./AGENCY							
	DLVING CA	& MAILING ADDRESS					MAIL				
CASH ADVANCE REIMBURSEMENT											
								WILL CALL			
Revolving						NAME					
									PHONE		
SUMMARIZE YOUR CLAIM BY ACCOUNT CODE						077/	GVID		<u> </u>	1	
DATE	VOUCHER NUMBER	FUND	AGCY	ORG	ACTV	OBJ/ REV BS ACCT	SUB- OBJ/ REV	JOB NUMBER	REPT CATG		AMOUNT EXPENDED
TOTAL CASH EXPENDED											
							101			·	
OUTSTANDING CASH ADVANCES OVER 30 DAYS: \$											
I certify that all disbursements from our departmental revolving fund were made in accordance with policies and procedures established for revolving cash funds and cash advances for travel purposes. Any cash advances that are outstanding more than 30 days after completion of the event for which the advances were made have been brought to the attention of the department head and are being actively pursued for collection at the earliest possible time.											
	APPROVED BY			AUDITOR-CONTROLLER							
DEPARTMI	DATE			DEPUTY							